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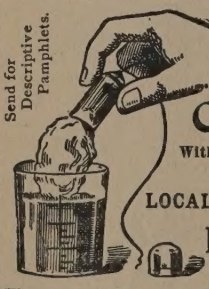

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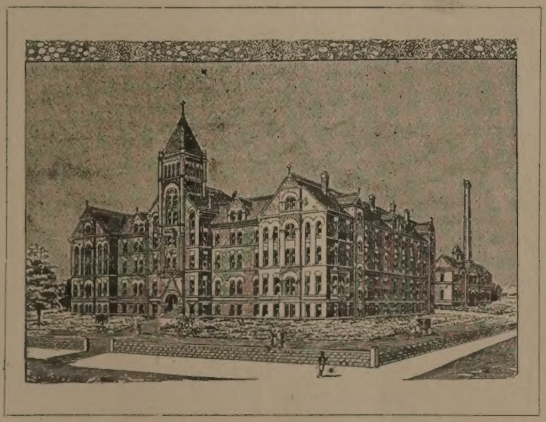

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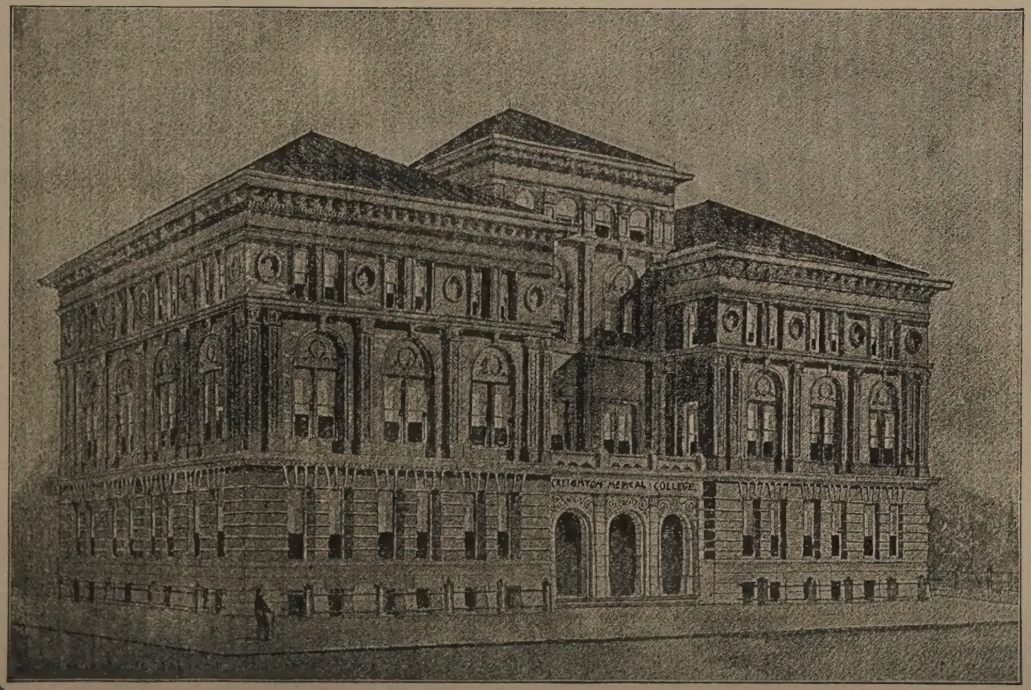

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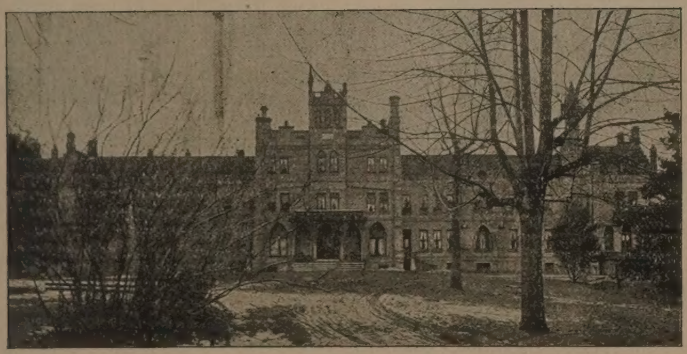

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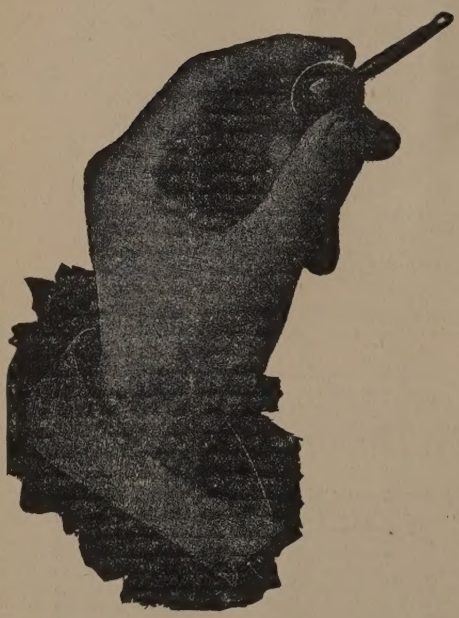

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IOWA MEDICAL JOURNAL.

VOL. III. OCTOBER, 1897. No. 10.

FRACTURES.

By A. L. Wright, M. D., Carroll, Iowa.

IT IS NOT my intention to go over the entire subject of fractures as might be inferred from the title of my paper, nor is it my purpose to touch upon special fractures to any great extent, but to offer for your consideration and form the basis for your discussion a few suggestions and thoughts that I have found of much value in considering the conditions existing at the time of the examination, and also have found useful in the management of the case subsequent to the injury. There is no subject in the whole realm of railway surgery that interests us more, and that has been a source of greater difficulty to the claim department of railroads than that we are now considering. I earnestly hope and sincerely believe that the discussion that will follow will be productive of much good and aid us materially in the better management of this class of railway injuries.

Since the earliest times in the history of the healing art, the study of fractures has been an interesting one, and much that was promulgated by the fathers still prevails as authority. The result is often not what either patient or physician desires, possibly the disaster is due to the very nature of the injury, or as too frequently happens, the deformity was not properly corrected by the attending surgeon. This has been my experience more than once in observing the result of injuries near joints; either an imperfect anatomical knowledge or a hasty examination has been the real cause for the defect.

A patient suffering from an injury where a fracture is suspected should almost without exception be placed under an anæsthetic. This is of especial importance from the fact that litigation is so apt to grow out of this class of injuries more often than any other. The fact that some one is liable should prompt the most accurate diagnosis possible, that the injury can be accurately corrected.

Read before the Iowa State Association of Railway Surgeons, October 13-14, 1897, Des Moines, Iowa.

To make the statement to friends and patient that he had a fracture of one of the bones entering into the elbow joint, and have another surgeon announce six weeks later that there was and still exists a backward dislocation of the forearm upon the arm, would be very embarrassing; or to find the head of the humerus displaced downward, and have the attending surgeon announce that he had corrected the deformity, but the present condition was due no doubt to a cold the patient had recently taken. These two incidents have come under my observation during the past month and emphasize the importance of greater care in making our examinations. There is probably not a surgeon present who has not repeatedly been asked to pass judgment upon an old injury to osseous structure, where impairment of function and contour have been elements that prompted the seeking of relief, or redress. These defects could no doubt have been averted by a more careful examination of the patient. I believe most thoroughly that a surgeon should bring not only "reasonable skill" as the lawyers claim, but the very *best* skill and knowledge to bear in the management of these cases, that is known up to the present time; and if he cannot do so, let him call his confreres and divide honors with him; then the burden will be lighter and the more easily borne; if the functional usefulness of the joint is limited or seriously impaired there is much less liability of fault-finding on the part of friends and patient.

Chloroform is one of the greatest aids in the diagnosis of the nature of the injury and should be used in determining its true character and adjusting the same. This is due yourself as well as your patient, and should be omitted only, when the exact nature of the injury is apparent, and but little pain is to be inflicted. A compound fracture or a simple fracture, comminuted, cannot be properly dressed with the average patient resisting your efforts; the necessarily inflicted pain stimulates involuntary jerking and contracting of muscles to such an extent that it is impossible to know just what you are doing. The additional risk of giving an anæsthetic is not commensurate with the benefit derived from the information so gained, and should prompt every surgeon to resort to anæsthesia in the examination and reduction of almost all fractures. Chloroform should be used as the patient

struggles less and the liability of producing an open out of a closed fracture is greatly lessened.

In the management of a fracture, where the tendency to displacement is great, it is good practice to cut the tendon of the offending muscle, so as to enable you the better to correct the deformity and maintain the limb in proper position, as for instance when we encounter a fracture of the tibia and fibula just above the malleoli, the fracture extending from before upwards and backwards, or where the lower fragments have been comminuted or entered the ankle joint, the resulting deformity is often very great and the functional use of the member greatly impaired, owing to the strong muscular contractions in the calf of the leg drawing the heel back and rendering the maintaining of the broken bones in apposition very difficult, if not impossible. The cutting of the tendo Achillis will greatly facilitate the reduction and simplify the maintaining of the bones in place without compromising the usefulness of the foot and ankle joint in the least. Those of you who have tried to crowd the heel forward by packing under it and have your patient complain of the burning of the heel will agree that the tenotomy method of releasing the heel and bringing it forward is a great improvement over the other. The small wound made should be closed with collodion and the limb secured in a fracture box, or what is preferable, a plaster of paris bandage. The divided tendon will unite promptly and there will be no muscular impairment in the functional use of the leg and foot.

Another lasting benefit to be derived from dividing a tendon when necessary is that it puts the parts at rest; absolute quiet is the *sine qua non* in the treatment of all fractures. The practice of some surgeons of putting a fractured member through what they style passive motion cannot be condemned in too strong terms. It is not passive motion, but a violent disturbance of what he spends the balance of his time to undo. If the reparative process is adequate, in spite of the semi-frequent onslaughts the fracture unites, but if there is any local condition that can possibly interfere the fracture unites slowly or not at all, or with deformity of function and of contour. If the fracture extends into the joint, as frequently occurs in fractures of the lower end of the humerus, involving one or both condyles, the putting of the arm through

passive motion every few days does exactly what you are trying to avoid. The member is placed at rest and should be maintained there until the union of the fragments are sufficiently firm to prevent their displacement, and not taken out and, moved or rather an attempt at moving made, with the patient struggling, especially if a child, causing even greater separation of the fragments than at the time of the infliction of the trauma. This disturbance of the fragments increases the size of the callus and accomplishes just what you are striving to avoid, firmer anchylosis of the member. There is almost no possibility of the joint becoming stiff if there is not osseous involvement of the joint. The immobilization of the joint for an almost indefinite length of time is not followed by permanent stiffening of the same; its functional activity is restored very soon when made use of, hence the importance of carefully avoiding anything that will give rise to an increase of the callus that is thrown out. The bony deposit is in proportion to the size of the callus thrown out in and between the fractured bones. The idea of treating fractures in and near joints by passive motion was first suggested and carried out by Professor Sands, I believe, upon the theory that the non-use of a joint resulted in permanent fixation. This, however, has long since been exploded, and we now know that the functional activity of a joint will be restored, even when immobilized for years.

The fracture box is still one of the very best of splints in which to place a broken leg. In a closed fracture of the leg it is most excellent dressing for the first few days. After the swelling has gone down the leg should be placed in plaster paris. In an open fracture, necessitating frequent dressings, the box is the best contrivance yet devised. The injury can be easily gotten at, and cleaned with little difficulty. The fracture box should always be suspended; the height can be regulated by the patient at will. By suspending the box the patient can change his position in bed and rest his back and aching bones as he may desire. The bed pan can be used so much easier. At the present time I have a man in the hospital with an open comminuted fracture of the tibia and fibula near the ankle joint, due to a car wheel passing over the leg, that requires dressing frequently. The leg is suspended

in a fracture box. He will get off the bed onto a chair and rest himself very greatly without disturbing the fracture in the least.

If a closed fracture of the leg is seen early, before much or any swelling has taken place, the best dressing is a fixed one, as plaster paris or silica ; the patient then can get about and have the beneficial influence of the open air and sunshine. The early application of a fixed dressing prevents swelling to any great degree ; but if not seen until after the limb is greatly swollen, it is better to put it in a fracture box for a few days, or until the swelling has subsided ; the distress to the patient will be less, and the danger from pressure-necrosis not so great, as the member is under your direct inspection.

Referring to the elbow joint again, I would like to impress upon those who have not tried a very simple but ingenious method suggested by Gerster some years ago for aiding in examinations of this joint where there is much swelling. As a rule, when an injury to the elbow joint is reached, sufficient time has elapsed for great swelling to take place ; this occurs to such an extent that it is impossible to tell what you have, whether it is a dislocation, or a fracture of one or more of the bones entering into the formation of the joint.

Take an Esmarch's elastic bandage, with the patient under an anæsthetic, beginning at the hand, apply the bandage slowly but firmly until the axilla is reached. The application should be made very slowly, allowing sufficient time to elapse to gradually force the œdema about the joint out of the way ; leave the bandage on for a little time, and then, beginning at the hand, gradually unwind until near the axilla, leaving the last few turns in place ; the arm will be found to be bloodless and the swelling has disappeared from the elbow, you can then very carefully and accurately examine the injury and determine its exact character, reducing a dislocation and adjusting a fracture. This suggestion of Gerster's I have found very useful more than once. The complicated formation of this joint renders an accurate knowledge of the true character of the injury of imperative importance.

The securing of fragments in an open fracture has often been a perplexing question, wiring, nailing, the bone ferrule and the absorbable bone peg, introduced into the medullary canal, have

each had their advocates and been abandoned. These various methods have much merit, and should not be relegated to the scrap pile. Where the fragments can be secured with chromacised cat-gut and held in apposition, this is by far the best method, especially if the wound is, or can be sufficiently cleaned so as to close it. Often I have found a wire nail, or an ivory peg driven in an oblique open fracture of great aid in holding firm the ends of a broken bone. The bone ferrule impresses me as a very bungling thing to stick into an open fracture. The bone peg introduced into the medullary canal of a long bone answers a very useful purpose. The silver wire has caused so much trouble that it is not used as often as formerly ; we all have had to take it out time after time to relieve the patient of its irritating presence. Of late I have been using a small plate made of German silver, securing it with screws to each end of the fragments ; the periosteum is elevated, and after the fragments are adjusted, the plate is secured by one or more small screws driven into each end of the plate ; this holds the ends of the broken bone in almost perfect apposition. I formerly used a small steel plate secured with nails, but could never get the same firmness I can now secure with the plate and screws. This is left in a sufficient time and then removed.

The question of douching a compound fracture has for a long time been a perplexing one with me. I refer now to where you have infection, where the pus is flowing from the fracture in a stream. The records at my hospital will show an almost invariable rise of temperature the evening following the douching of from one to two or more degrees. I have used almost everything and have been exceedingly careful in using the water, but invariably the rise of temperature occurs. In some instances I have left the wound alone except to wipe away very carefully the accumulated pus. While I still use the douche in these cases, I am in doubt regarding the beneficial influence of the same.

In the management of fractures of the lower extremities occurring in those past middle life, I have experienced much difficulty to avoid bed sores ; this applies to fractures of the femur especially. One of the best things I know of to obviate this complication and make the life of the patient endurable while in bed is

a Mudd's modification of a Hodgen's splint; with this you can maintain extension, at the same time keep the limb elevated and permit the necessary attention to prevent the patient getting sore.

Our work as railway surgeons ought to be exceedingly conservative. Any surgeon can sacrifice a member when it has received a crushing injury, but it requires careful judgment when not to.

It is necessary, as a rule, to amputate an arm or a leg that has received a crushing fracture by a car wheel passing over it, but care should be excercised not to sacrifice a part that has the circluation still reserved. I have seen one arm saved and in as good condition as its fellow where there was unmistakable evidence of the wheels of a freight car having passed over it, and at the present time I have a man in the hospital who has an open comminuted fracture of the leg due to the car wheels passing over it, whose foot and leg will be saved; although a very badly crushed leg, the circulation had not been seriously disturbed and an effort was at once put forth to save the member and will prove successful. The importance of trying to save these cases of very extensive crushing fractures is very great and will be fully appreciated by the claim agent as well as patient.

In the management of fractures of the skull greater skill is required and more surgical boldness than in any other class of fractures; this is owing to both the immediate and remote results that may follow. Where there is doubt regarding the existence of a fracture of the skull and pressure symptoms indicate something serious, an exploratory incision should be made and enlarged if necessary, so as to enable the surgeon to turn down an osteoplastic flap; this gives the greatest amount of room and the fracture can be the better adjusted.

Compound fractures should be opened up freely and carefully cleaned, and although care is exercised in trying to render aseptic, there is great probability of failure. This is especially true of the class of open fractures the railway surgeon is called upon to treat. The manner of inflicting the injury grinds pus-producing organisms into the wound, and it is next to an impossibility to get them out. The importance of drainage is apparent at a glance, and should be resorted to almost without exception. Plain or

iodoform gauze is much better drainage than tubular. All pockets should be carefully drained and pus not allowed to burrow.

Schede has made a useful suggestion in the management of fractures of the femur in children; that is to suspend the legs to a cross-bar above the bed with adhesive plaster and a weight and pulley, keeping up sufficient extension to overcome the shortening. By this means the little patient can be kept clean without much difficulty. This method is also of value where you have a fracture in the upper third of the femur in the adult. The tendency of the upper fragment is to tilt forward, owing to the contraction of the psoas. If the limb is suspended, as suggested by Schede, or with a Smith, or, what is better, a Mudd's anterior splint, the difficulty of maintaining the fragments in apposition will be greatly overcome.

MENTAL DISEASES.

UNDER THE CHARGE OF
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MENTAL VERSUS PHYSICAL INFLUENCES.

By S. N. Pierce, M. D., Cedar Falls, Iowa.

SINCE this age is one in which much thought is being expended in the line of mental healing, faith cure, Christian science, hypnotism (a modern term for mesmerism), and numerous other forms of healing dependent upon mental influences, I have seen fit on this occasion to attempt very briefly to present a few suggestions upon the subject, "Mental Versus Physical Influences."

Read before the Cedar Valley Medical Society, October, 1897.

Christian science of the present day is almost identical with transcendentalism that prevailed quite extensively in the New England states some forty years ago, and had for its followers many of the so-called bright Bostonian intellects. The basis of both these movements was the assertion of the control of matter by spirit. The absurdity and idiocy of the doctrine is reached when its advocates assert that spiritual power is the only power, and that physical elements are not real, but wholly the vain product of the imagination. The teaching of Mrs. Eddy (Helen Wilmans) and all others of this school, is that there is actually no such thing as a material form; that so-called spirit is everything and everywhere; that matter is nothing and nowhere; that all ills are abnormal; that the natural state is health and not illness—happiness and not misery.

The assumption that matter is not real, but simply the product of a diseased imagination, is too absurd to justify any consideration. Whether such a thing as spirit, or mind, can have any existence independent of material forms, neither Mrs. Eddy nor anybody else knows, or ever will know, this side of eternity, culture or no culture. By the way, speaking of culture, judging by some of the examples which we have, it would seem that this acquirement may be boiled down to so fine a point as to eradicate quite effectually all reason and common sense. For instance, witness Professor James, of Harvard, indulging in such assertions as this: "And whatever one may think of the narrowness of the mind curers, their logical position is impregnable." I make the mild assertion that nowhere can be found a perfectly defined case of actual cure of disease by this method.

The mistake is in not being able to draw the just line between cause and effect. It is doubtless possible to so live as to produce conditions favorable to the taking on of disease, and the converse is equally true. The person who is in constant fear of cold or of heat or accident, is to a certain extent taking all of these things into his environment and drawing them into his life. The mind is, in a sense, like a magnet. Thought is an actual force, and the continual fear of a thing will be liable to draw it near.

As to the matter of hypnotism, or mesmerism (as I know of no well defined distinction), I have investigated the subject

enough to arrive at the following conclusions: That although there is very much humbug mixed with the practice, there is something in it. That there are occasionally individuals who are unfortunately so constituted as to be subject to hypnotic influence. I here use the word "unfortunately" advisedly, for in all the more marked instances where this abnormal condition prevails, the subject has fully recognized it as a weakness and regretted its existence. As a therapeutic agent, hypnotism has no value. It is doubtless true that in rare cases temporary relief may be apparently produced, but in the aggregate more evil than good will be experienced from its use. Hypnotic subjects generally admit that they always experience ill effects from each instance of being subject to the influence. The ready mesmeric subject has a weak mental balance, and each experience has a tendency to render it weaker.

The revival of mesmerism may serve one good purpose, in calling the attention of scientists to the more thorough study of the proper relation between mental and bodily influences. The idea that there are strong relations between the mental and physical faculties is an old one, and our early medical works contain many records of the effects of physical causes upon the memory, the imagination and judgment. In some instances we see their application only on one, in others on two, and in many cases upon all of these faculties. Their derangement has received different names, according to the nature of the faculties that are affected in each individual case. The loss of memory is called amnesia; want of judgment upon any one particular subject has been called monomania; false judgment upon matters in general, mania; while a defect of all the three intellectual faculties mentioned has received the name of amentia.

There is unquestionably a marked analogy in the effect of physical causes upon the mental and moral faculties. For instance, we observe a certain size of the brain and a peculiar cast of the features, such as the prominent eye and aquiline nose, to be significant of a peculiar order of genius. We also observe a like analogy between the figure of the body and certain moral qualities. For instance, we ascribe a jolly, good temper to corpulency, and irascibility to lean habits.

Shakespeare well illustrates this thought when he causes Cæsar to say, "Let me have men about me who are fat, sleek headed men, and such as sleep of nights. Yond Cassius has a lean and hungry look. He thinks too much. Such men are dangerous. Would he were fatter, but I fear him not. Yet, if my name were liable to fear, I do not know the man I should avoid so soon as that spare Cassius. He reads much. He is a great observer, and he looks quite through the deeds of men. He loves no plays, as thou dost, Antony. He hears no music. Seldom he smiles, and smiles in such a sort as if he mocked himself and scorned his spirit that could be moved to smile at anything. Such men as he be never at heart's ease while they behold a greater than themselves, and therefore are they very dangerous. I rather tell thee what is to be feared than what I fear, for always I am Cæsar."

We often observe both the mental and moral faculties very materially affected by disease. How often we do see the temper and disposition wholly changed by a fit of sickness. We often hear persons of the most delicate virtue, utter speeches in the delirium of fever that are quite repulsive to good breeding. We have instances of the most exemplary moral character who, during fever, have indulged in profane cursing and swearing.

Under this head we have the instance of a young man of former exemplary character who, after his recovery from a severe fever, exhibited a loss of his former habits of veracity, his memory at the same time quite unimpaired. The instances of marked immorality in maniacs who were, in health, distinguished for the opposite traits, are too numerous to require any special mention. Not only madness, but hysteria and hypochondriasis, as well as all those states of the body which are accompanied with unnatural irritability, sensibility or torpor of the nervous system, may tend to some form of vice in either body or mind. These persons are not proper subjects for the Y. M. C. A. class room, or a preacher. They cannot be successfully dealt with by lectures on morality. They are the legitimate prey of the physician.

Again, we sometimes have instances where the intellectual faculties are augmented through the effect of disease. Patients in delirium of active fever sometimes display marvelous flights of

imagination, and lunatics sometimes cause us to marvel at their wonderful display of memory. Similar phenomena may be observed with reference to the moral faculty. We often see instances in severe sickness where patients display degrees of generosity and integrity which were quite foreign to them in health. We find persons who are quite insane upon one particular subject, and perfectly correct upon all others. We observe a similar defect in regard to the moral faculty. For instance, the persons who are victims to kleptomania. There are persons of the most exemplary habits in all other respects who are so subject to this weakness that it is apparently impossible for them to avoid stealing whenever an opportunity presents itself. As a proof that such persons are not actuated by excessive avarice, it may be said that they frequently appropriate articles that are of no earthly use to themselves or any one else.

Scientists have labored hard to account for the vagaries of the mind during sleep. Perhaps the most plausible conclusion is that during sleep the controlling power of the mind is suppressed, and in consequence the reflective and the moral powers are in a condition to act separately and on their own impulse. In the matter of the suspension of the mental faculties during sleep, there is a vast variety. In some cases the imagination is affected, in others the memory. There are also cases where the moral faculties are particularly influenced. Persons often dream of doing and saying things that would be repulsive to their disposition and habits in waking hours.

That climate exerts a powerful influence upon the mental and moral forces is very apparent. Not only individuals but nations acquire to a certain extent their character from the peculiar climate in which they live. In warm climates we find, with a certain degree of variableness, that irascibility, levity, timidity, indolence, and benevolence, are prominent characteristics of the average inhabitant. On the other hand, in cold climates we find people energetic-tempered, with sincerity and integrity, but more given to selfishness. The season of the year is also thought to have an influence over the mental and moral forces. As an illustration, in England, and particularly in the city of London, it is noted that there is always an increased amount of crime during

those months of the prevalence of heavy fogs. We also observe that the matter of diet has at times a marked influence upon the mind and morals of both individuals and communities. Sensuality is as much the legitimate result of luxuriant living as apoplexy and the gout. We have examples where patients who are victims to violent and uncontrollable temper are materially benefited, if not cured, by adopting a strictly abstemious vegetable diet. Extreme hunger has the most unhappy influence upon the moral sensibilities, and that disposition must be quite angelic that is not in any way influenced by prolonged abstinence from food.

The effects of certain drinks upon the mental and moral instincts are so numerous and well defined that I will not delay you by particularizing or enlarging upon this theme. Will only say in passing that nature has generously supplied nearly all parts of the earth with a liquid composed of hydrogen and oxygen, and if the gentlemen of the society will take the trouble to test this compound as an article of beverage they will find it both harmless and agreeable, as well as inexpensive. Whether you adopt it or not, the prescription is gratuitous.

"Idleness is the parent of vice!" Rational and useful employment always facilitates and encourages the performance of virtuous and generous deeds. It is an old saying, and in part true, "Make men work and you will make them honest and upright."

Solitude may be also mentioned as having an active influence upon the mental and moral faculties.

I think it is the experience in prison management that solitary confinement has proven to be the most effective treatment for the turbulent and intractible subjects.

Again, we find a vast field for study with reference to the force of imitation and association, with reference to mental and moral impressions.

Virtues, as well as vices, that have been assumed by reason of circumstances or accident, perhaps, have often become real by sheer force of habit. Hence, Shakespeare again shows his worldly wisdom when he says, "Assume a virtue if you have it not,"

etc. It may safely be said that everything that diminishes the sensibilities, more or less affects the morals.

It is palpably true that all forms of public punishment tend to diminish sensibility and to thereby jeopardize the morals. Public executions are a relic of the dark ages. If legal murders must be perpetrated, let it be in private, and the more private the better.

Finally, I will close this rambling paper by the suggestion that possibly it has become too much the custom to leave the question of mental and moral training to parents, teachers, and preachers, and not enough to physicians.

NEUROLOGY AND MEDICAL JURISPRUDENCE.

UNDER THE CHARGE OF

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THE RAILWAY SURGEON.

By Hon. A. B. Cummins, Des Moines, Iowa.

MY SUBJECT is sufficiently comprehensive to take you in collectively and individually, synthetically and analytically, abstractly and concretely, objectively and subjectively. When I was honored by your invitation a limitless field was suggested to the chairman of your committee, for the reason that I had not then the remotest idea of the spot I would attempt to occupy when I began to write. To be wholly frank with you, it must be confessed that as the time drew near for the fulfillment of my promise I was sorely tempted to flunk. The difficulties lying in the way of a paper to be presented to a convention of physicians and surgeons composed of men eminent in their profession and skilled in its practice, assembled for the consideration of topics peculiar to their own science, which at the distance of a month seemed surmountable, from the nearer view of a few days became appalling. My grey hairs, which many of you may inconsiderately attribute to advancing age, are largely due to the nervous strain I experienced in endeavoring to find a shady

Read before the Iowa State Association of Railway Surgeons, Des Moines, Iowa, October 14, 1897.

retreat in the great domain I had chosen, where ignorance could be most easily concealed.

Fortunately I was then engaged in a trial in which I had cross-examined five distinguised Esculapians, and had examined, in behalf of my own client, five others. It was a suit to recover damages for a personal injury, and it brought forward an excellent illustration of the "railway spine." For the plaintiff one testified that the person injured was afflicted with sclerosis of the spinal cord; another that it was a clear case of congestion of the spinal cord; another, degeneracy of the spinal cord, and still another that it was a unique combination of the three conditions. They concurred in holding that there was general atrophy of all the muscles of the left leg, and that complete paralysis was inevitable and but a matter of a short time. Upon our side five, noted for their learning, testified that there was neither lesion of the cord nor the nerves; that there was neither atrophy nor loss of power in the leg; and that they evidently thought the nervous disease with which the plaintiff suffered was due to a fixed desire for a large verdict from the railway company.

One eminent specialist made oath that having applied the electrical test, he found beyond dispute the partial reaction of degeneration, while another equally famous in the same field of your learning immediately challenged the first to another test at which both should be present, and after conducting it went before the jury and emphatically declared that there was not the faintest trace of the reaction of degeneration, and that the muscles responded to the faradaic current precisely as normal and healthy muscles should.

Now, tell me what a poor jury ought to do in the presence of such a conflict? Far be it from me to say what it did do; but the pleasant and instructive communion with so many doctors reminded me that there was at least one point at which the circle, which marks the sphere of your activities, touches the boundaries within which men of my profession labor, and it gave me a theme for the present occasion.

The sentiment I propose to you is: The railway surgeon as an expert witness—may he be speedily abolished, and with him every other surgeon who appears as an expert at the request of either of the parties to a suit.

You will not misunderstand me ; the railway surgeon is usually in the first rank of his calling ; he is able and learned, he is experienced and skillful, he is tender and sympathetic, he is truth-loving and fair, and can as nearly overcome the bias of interest and employment, as any mortal. My proposition is not directed to the railway surgeon, it simply embraces him in its wide scope and effect. After twenty years largely spent before courts and juries, it is my deliberate judgment that testimony which consists of the expression of opinion should never be received save from persons selected by the court, and who can approach the investigation to be made as free from any bias or favor, preconceived notion or theory, as the judge himself is presumed to be. There are two potent reasons which equally urge me to this conclusion with respect especially to the opinions of medical experts.

Your profession is one which demands for its successful exercise a measure of confidence on the part of the people unknown and unnecessary in any other field of human guidance. Even though laymen recognize that there are many insoluble mysteries in the organism of man, many secrets which the glowing light of knowledge has not yet explored, while they do not expect the exclusion of all error, it shocks them to know that upon subjects clearly within the confines of demonstration, upon subjects illuminated by a very flood of light, upon matters in which ignorance is a crime, the men to whom they confide their lives confront each other upon the witness stand in irreconcilable conflict. If the instances of such diversity were rare they might pass unnoticed, but they occur and re-occur as often as you are called to the Temple of Justice for the expression of opinion. The untrained mind (and by that I mean the mind unused to legal investigations and psychological study) invariably imputes this clash of judgment to either lack of fairness and honesty or lack of skill and learning, and the profession suffers vast injury in the estimation of those who should have for it the profoundest admiration and in it the most explicit faith. I know that these astounding differences are attributable to neither the want of conscious honesty nor the absence of the greatest learning, but to the insensible influences of partisanship, of which I shall presently speak ; but the great body of humanity, absorbed

in other affairs, have no opportunity to correct an impression as false and unjust as it is humiliating and unfortunate.

The graver reason, however, for abolishing the practice is that it has a tendency to taint the fountains of justice. There are cases so plain that, whatever may be our interest in the result, we all concur; but the very moment we enter the region of controversy we know that the judgment, if it is to be just, must be absolutely unaffected by any other consideration than a desire to reach the truth. The least divergence from the line at the beginning will lead us far astray at the end. When an expert is called to render an opinion he is for the moment a court, and his judgment should have all the characteristics of the most perfect impartiality. If he is conscious of the lightest allegiance to either of the litigants he instantly ceases to be a judge and becomes an advocate, and his testimony is at once transformed from a decree into an argument.

Experience abundantly shows that it is difficult even for men of probity and uprightness to relate things they have seen and heard with entire fairness, if their memories are under the influence of self-interest, and it is, therefore, not wonderful that opinion is almost invariably the helpmeet of desire.

If the opinion of physicians and surgeons are to aid in the administration of the law, it is essential that they shall flow clear and pure from a source uncontaminated by any relation whatsoever to, or interest in, the event of the litigation. The witness must, like the fabled Goddess of Justice, sit blind, seeing not the parties, and regarding not the consequences. I say it is essential, for, as it is, medical opinions have become of little moment in the trial of causes. Juries, recognizing by instinct the elemental truth I have ventured to express, reject expert testimony and refuse to be guided by it. They are unable to test it by those criterions which you would apply, and, therefore, ignore it. What a seeming paradox it is that a juror, who would, as your patient, without the semblance of hesitation, commit his life to your care, yet, will not believe you when you appear as a witness to declare the truth under all the sanctions of an oath.

There is another standpoint from which I have sometimes examined the subject that I believe to be worthy of reflection.

Your calling is, barring possibly one, the highest, the noblest, the most humane known to our civilization. I do not mean it as an idle compliment when I say that its members have a sense of individual honor, a keen, delicate sense of honor, not to be found in proportions so perfect in the ranks of any other profession or avocation. It is a characteristic as admirable as it must be enduring.

What happier fortune could befall you than to know that hereafter you could render an opinion to a court or jury with a mind as untrammeled, uninfluenced, and unbiased, as when you render it to yourself as you prescribe for the victim of accident or disease? I cannot but believe that it would still further ennoble your profession if, whenever you were called into the tribunal of the law to utter an opinion, you could be conscious of wearing the ermine of the judge and of holding in your hands the holy scales of justice.

You will not understand that what I have said applies to all the testimony which proceeds from the surgeon. I draw the line sharply at opinions or judgments. Necessarily, history or fact must come from whoever possesses it. The reform I urge would not eliminate the plaintiff's surgeon, or the railway surgeon, from the list of witnesses; they must still describe, and when a present examination is inadequate, they must prepare the hypothesis for the medical judge. I doubt not that you will unitedly hail the day when your medico-legal labors will be so confined.

I trust that you will not imagine the writer of this paper is under the impression that it contains a new suggestion. I am but too sensible that the thought is old and trite. My whole purpose will have been accomplished if life can be infused into the inactive spirits who must help to work out the reform, if it is ever attained.

The moment you move toward a change the most marked diversity will appear respecting the plan. I cannot discuss the merits or demerits of the various proposals that have from time to time been made, but it seems to me that the scheme which has for its central idea a standing commission ought not to receive your approval. In other fields of opinion evidence, such, for instance, as is occupied by the

mechanical expert in patent suits, a permanent body is not only feasible, but has many advantages which will at once occur to the mind; but with your profession, the members of which are not experts for the purpose of equipping themselves as witnesses, the existence of a commission would be intolerable. The courts in which opinions would be required are in every county in every state. The special learning that would make a physician and surgeon eminently fit to express an opinion in one case would be useless in another. The gravity of one examination might demand many opinions, while another would justify but few. Above all these objections, however, there is another which impresses me as insurmountable. As suggested a moment ago, the rendition of expert testimony is but an incident in professional life. The members of a standing commission, to maintain that impartial position absolutely necessary to achieve the hoped for results, would be compelled to withdraw from practice, a requirement which would be found impracticable if not impossible. The plainest, simplest way to reach the desired end is to forbid opinion testimony from a witness called by either of the parties, and provide that if opinions appear to be necessary, the court may appoint one or more competent persons to render them who shall be paid an adequate compensation by the county, and which compensation shall be taxed as costs.

I cordially invite you to join the men of the law in an earnest effort to bring into existence opinion evidence that will be accepted by the judges and believed by juries.

The Missouri Valley Medical Society recently held its tenth annual session at Council Bluffs. A most enjoyable and profitable time is reported. The officers elected for the ensuing year are as follows: President, F. W. Porterfield, Atlantic; first vice-president, B. S. Crummer, Omaha; second vice-president, John Green, Council Bluffs; treasurer, T. B. Lacy, Council Bluffs; secretary, D. Macrae, Jr., Council Bluffs. The March meeting of the association will be held at Red Oak.

SURGERY.

UNDER THE CHARGE OF
J. E. SUMMERS, M. D., *Omaha, Neb.*
Professor Surgery Omaha Medical College.

TREATMENT OF GUN-SHOT WOUNDS OF THE LIVER.

By J. E. Summers, Jr., M. D., Omaha, Neb.

AMONG a number of cases of gun-shot wounds examined by an American surgeon visiting in Athens recently, two cases of successful termination of gun-shot wounds of the liver without operation were observed. These favorable results bring forcibly to mind three fatal cases in my own practice. The causes of death from gun-shot wounds of the liver, when non-complicated, are shock and hemorrhage, the usual mortality being about 85 per cent. When, from the direction of the course taken by the bullet, the indications are that a wound of the lower free border of the liver has occurred, resort should be had to abdominal section, and the injury to the liver repaired, when practicable, by suture, and the abdomen closed without drainage. When the nature of the injury demands, in addition to suture, resort to tamponade, of course drainage must be established. If other viscera are involved, the usual surgical practice in such cases should be followed. All other non-complicated gun-shot wounds of the liver should be treated by elevation of the foot of the bed, absolute rest, and the administration of morphine hypodermatically ad narcosis. Ergotol, turpentine and gallic acid may possibly be given with advantage, but strychnia hypodermatically is imperative.

The object of treatment in these cases is to combat shock and favor the cessation of hemorrhage. The entrance of blood and bile into the peritoneal cavity is of itself comparatively free from danger, and in the cases upon which I have operated, although there was a considerable quantity of clotted and free blood in the abdomen, especially the right hypochondriac region, the active hemorrhage at the time of operation was not alarming, but became so and continued after the removal of clots and the introduction

Abstract of a paper read before the Omaha Medical Society, September 14, 1897.

of gauze tamponade. This has so impressed itself upon me that I will hardly feel justified to again resort to such a procedure, unless there is plausible evidence of injury to other viscera besides the liver.

When there is a complicated wound of the kidney, the operator should content himself with a retro-peritoneal incision, by which the wounded kidney may be explored and free drainage established. If, however, this incision should disclose that, probably from the nature and position of the wound in the kidney (and the patient's general condition) a rapid intro-abdominal hemorrhage was taking place from the kidney, resort should be had to an immediate nephrectomy through a retro-peritoneal incision, and free drainage established. The leakage of a smaller or greater amount of urine into the peritoneal cavity from a wounded kidney, though otherwise a healthy organ, is of small moment, and in both illustrations of complicated kidney wounds is best managed by gauze drainage through retro-peritoneal incisions. A suggestion as to a method of controlling rapid hemorrhage from the liver following a gun-shot wound not accessible to suture may be worth mentioning. The wound of entrance should be exposed, resort being had to resection of one or more ribs, if necessary, and through the track of the wound pass a bougie or catheter, by which means a gauze tampon or non-perforated rubber tubing may be made to compress the whole track of the wound, and thus control the bleeding.

It is only in a case of what promises to be rapidly fatal hemorrhage that this, or any other, operative procedure except as indicated above is justifiable. In my first case there was a complicating wound of the kidney. Treatment was by abdominal section, removal of clots, gauze tamponade, and drainage through an incision in the loin. The patient succumbed from a continuance of the hemorrhage.

Second Case.—The wound was confined to the liver; treatment was by abdominal section, removal of clots, gauze tamponade and drainage. Death from hemorrhage.

Third Case.—Complicating wound of the kidney; treatment was by retro-peritoneal incision and drainage of the kidney, abdominal section, removal of clots, gauze tamponade and drainage. Death from continuance of hemorrhage.

In the first and last cases the hemorrhage from the kidney itself was trifling. The primary incision in all cases was to the outer side of the right rectus muscle. I feel positive that the change for the worse in each of these cases immediately following operation was so marked that an intro-abdominal operation was a mistake.

In stab wounds of the liver, which may or may not be perforating, according to the nature of the instrument and position of the wound, usually, however, not perforating, may perhaps be best treated by abdominal section and suture. A few cases, notably one operated upon by Dalton of St. Louis, would indicate that this is the correct line of practice.

THE USE OF DECALCIFIED BONES IN THE TREATMENT OF WOUNDS.

Dr. F. W. Robinson, in the London *Lancet*, October 2d, says:

The use of an animal dressing in the treatment of wounds was suggested in the method of "sponge-grafting" adopted, for a time, by many surgeons. In principle this promised much success, but in practice it failed to realize what was anticipated from it. Professor Hamilton, who first introduced sponge-grafting to the profession, claimed for it the following advantages: (1) that, being porous, it imitated the interspaces of blood coagula and fibrinous lymph; (2) that, being an animal texture, it would be slowly absorbed; and (3) that, being pliable, it would easily adapt itself to the surface of wounds. In cases quoted by him and others granulation tissue was shown to grow into the pores of the sponge, and osteoclasts were demonstrated as lying against the trabeculæ, which, however, were only very slowly absorbed. Sponge-grafts included in the peritoneal cavity became adherent to the intestine and showed the same tendency towards organization, vascular granulation tissue growing into the grafts. These experiments are useful as showing that a dressing of animal tissue exerts a healthy influence upon wounds by stimulating, directing, and supporting the growth of their granulations; and there is no doubt that if sponge were more absorbable it would be a valuable dressing and would secure more general adoption. The absence

of this quality is, however, fatal to its usefulness, and completely antagonizes the many useful and necessary qualities it otherwise possesses. In order to be effective when applied to a wound an animal dressing ought to approach as nearly as possible to the conditions present in the physiological repair continually taking place in the living body. These latter differ from the processes occurring in a granulating wound inasmuch as absorption and repair are intimately correlated, and this natural affinity between the two should guide us in the selection of any dressing. In the ordinary mode of healing by granulations it is found that absorption is in a large measure lost; therefore, the addition of an absorbable dressing of animal texture would seem, *par excellence*, to be the one thing necessary to fulfill the conditions required. The above considerations led me to try the effect of decalcified bones in the treatment of granulating wounds. For this purpose I used the most cancellous portions of the bones of an ox, thoroughly depriving them of their fat, decalcifying and preserving them in a 1 in 20 solution of carbolic acid. Properly prepared the bone should be as soft as sponge, porous, and pliable. I have used the dressing in many cases and feel fully justified in recommending it. The impressions left upon my mind by the use of "decalcified bone dressing" may be summed up as follows: (*a*) it may be used for any kind of granulating wound and has been very successful in obstinate fistulæ and callous ulcers; (*b*) in no case has it caused the slightest irritation; on the contrary, any existing irritation has subsided on the use of the dressing and the temperature has fallen — this applies even to fistulæ which have been left five days without redressing; (*c*) it brings about a healthy state of the granulations, and the discharges from the wound diminish; and (*d*) the dressing is gradually absorbed, melting down at the base and sides. The rate of the absorption varies, but the healthier the granulations the more gradual the absorption, so that in the treatment of a wound the dressing requires to be re-applied less often in the later stages. Where the wound is unhealthy and the secretion of pus free the dressing is rapidly absorbed and may require changing daily, but in a more favorable condition it may be left for four or five days. I use the dressing in the following ways: For open ulcers I shape a piece to fit the

cavity as nearly as possible, and pack up any deficiencies with small pieces. For superficial ulcers I shave off fine grafts until the surface is covered. For fistulæ I tear off small portions and pass them down until they are filled. In packing fistulæ I use a probe with a flat button-like end, as the ordinary probe is liable to pass through the material.

It would be impossible to give descriptions in detail of cases treated by this method, therefore I will only briefly allude to the following cases, which were very marked in their results: 1. Two abdominal fistulæ following laparotomy for pyo-salpinx had existed for fifteen weeks before the application of the dressing, the length of the fistulæ when they were first dressed being one and a half inches and and two and a half inches, respectively. They healed in a fortnight, one being dressed three times and the other four times. 2. An abdominal fistula following oöphorectomy had been present for one month. The fistula when first dressed was one and a half inches long, and it healed in seven days, being dressed twice. 3. A tuberculous fistula of the neck following removal of glands, about an inch long, healed in five days with only one dressing. 4. A callous ulcer over the right tibia in a patient suffering from Bright's disease was under treatment for two months without any effect. I then excised the edges of the ulcer and applied the dressing for the first time. A fortnight after the operation the ulcer had almost completely healed.

Lastly, I would allude to the influence of the dressing on superficial ulcers when applied in the form of grafts. It acts in the same way as an epithelial graft, and in some instances the effect has been remarkable. In one case the whole surface was mapped out by fine blue lines of young epithelium after a first application.

I know that it is still too early to pronounce definitely upon the value of the dressing, as this can only be proved by the practice and experience of many.

IOWA MEDICAL JOURNAL.

A MONTHLY JOURNAL
Devoted to the Interests of the Iowa Profession.

Subscription, $2.00 per year, in advance.

Address Communications to J. W. KIME, M. D., Des Moines, Iowa.

VOL. III. OCTOBER, 1897. NO. 10.

SUBSTITUTION BY DRUGGISTS.

During a recent visit to St. Louis we had impressed upon us, as never before, the enormity of the prevalence of substitution and the almost criminal recklessness of some druggists.

One of the leading manufacturing chemists of that city seriously contemplates withdrawing a really meritorious preparation from the market on account of druggists attempting to reproduce it and selling it under the same name as the original maker's, and at a price in which there is no profit for anyone except the counterfeiter.

We learned of one druggist who had been discovered in the act of adulterating Listerine. He had ordered a consignment of this preparation. When it arrived he emptied half the amount in each bottle into a vessel and refilled the bottles with water, thus doubling the amount of his Listerine.

Instead of being an antiseptic preparation, by such methods it may have been rendered a septic one, and thus brought about the death of some unfortunate user.

The antikamnia people at one time found a Chicago house manufacturing tablets, an exact imitation of their preparation so far as appearances went. They even sold the tablets under the name of antikamnia.

Our laws are at present so badly drawn that they permit all kinds of imitation and substitution.

The department of chemistry at Washington is now collecting information which is to be made the basis for a law preventing food and medical adulterations.

Physicians cannot be too careful when prescribing to see that their prescriptions are filled as ordered.

* * *

Drug stores, like doctors, have increased far beyond the demand for them. Legitimate profits are too small to meet expenses, and all sorts of schemes are resorted to, to increase the revenues of the store. If one wholesale house sells a drug cheaper than another, that is the house which gets the trade. Moreover, when the physician orders a certain drug, prepared by a house with an established reputation, the druggist often recklessly pours in some cheap stuff, as likely as not a mere imitation of the drug ordered, calls it "just as good," and sends it out. No result is obtained, or not the one desired, the patient does badly or dies, the physician suffers in reputation; perhaps, also, some reputable manufacturing chemist, while the druggist escapes all censure when, perhaps, he should be held for murder.

Physicians formerly dispensed their own drugs. Homœopathic physicians do so now. It was inconvenient, and the work has been largely left to the druggist. As a result, inferior drugs are used, and the druggist in very many cases does a better practice than most of his physician customers. He hands out all kinds of patent preparations with the wisdom of an owl, assuming to treat everything from a gonorrhœa to diphtheria. Nothing puffs him up so much as to be called "Doc."

Recently we ordered fluid extract of ergot in moderate doses. The wise druggist gravely informed the patient that "there must be a mistake in the doctor's directions—that the remedy was a very powerful one and the dose ordered was too large." He advised taking it in smaller doses.

Within the last month we ordered tincture of aconite root in one-half drop doses for a child. The druggist informed the mother that the German tincture was much superior; that he had dispensed that, and she must not give over one-third of a drop. Not knowing what to do, the woman went home, several miles in the country, and was so confused about the matter that she did not give the drug at all. Such meddlesomeness makes the doctor feel like taking advantage of the "Texas laws" for a little time.

We have in Des Moines, and in every other city in the state, druggists who cater to the trade of the physician, and at the same time extol by the column in the daily papers the wonderful virtues of some quack remedy. Remedies, said to be specific for almost everything under the sun, are now thus advertised in Des Moines, the ad. closing with full instructions where to call (at a leading drug store) to secure the wonderful remedies with which to treat themselves and "save doctor bills." At the same time this druggist earnestly solicits the physicians' trade and, to our disgrace be it said, he gets a good part of it. This druggist is but a sample. He is no better and no worse than ninety-nine out of every hundred druggists in the state.

What is the remedy?

* * *

It is being advocated in San Jose, Cal., and other places, that doctors establish their own store, each owning stock. Thus only the very best drugs would be used and all substitution avoided. If there were any profits they would be turned in as dividends.

In a city as large as Des Moines, it would seem that a drug store, solely for prescription business and conducted on the strictest principles of professional honor, should be a success in every way.

The same should be true of many other cities about the state.

One great difficulty is with the profession itself. There is too much of that principle, "You scratch my back and I'll scratch yours." The doctor sends his prescriptions to a certain drug store, and the druggist booms the doctor — in such cases as he sees nothing greater in for himself. Thus we know, of a certain town in Iowa, — and no doubt "there are others," — in which the physicians are distributed about the drug stores, two or three at a place, hanging onto the druggists' coat tails, begging for "pap." It is a pretty picture, and a dignified one—for the druggists.

For the sake of the profession; for the good of our patients; for the encouragement of the highest in the chemist's art, shall we not do the right thing in this important matter?

Incurable Insane.

The Polk county insane hospital for incurables is now nearly completed, and within the next week or two about fifty inmates from the hospital at Mt. Pleasant will be transferred to it. A special car with attendants will make the transfer.

Many of the friends of the patients are objecting to the removal. There seems to be but one alternative, however, and that is to remove them at their own expense to private hospitals for the insane. This most are unable to do.

The removal is made in order to reduce the expense of caring for them. At Mt. Pleasant the expense is $14.00 per month. It is thought that by the county's caring for them this may be reduced to $7.50 per month. That this reduction is to be made by substituting a care that is correspondingly inferior, goes without saying. None presume to say that the care afforded at Mt. Pleasant can be provided at less than $14.00 per month.

These patients are to be taken six miles in the country and cared for at the poor farm. Their care will be largely by the paupers — a class that have been too indolent or too poorly equipped mentally to care for themselves. Few others reach the poor house unless seriously broken in health or decrepit with age.

Medical service of a character that is furnished the paupers will be provided. It is safe to say that there are but two or three physicians in the whole county who are conversant with the proper means of caring for these unfortunate people, and they will not care to accept the position.

When it is known that some of the incurable insane recover in spite of the judgment that has been passed upon them, while others become very much improved and are able to remain at home, we are not warranted in abandoning hope except in the most serious of cases.

A few years ago Dallas county removed a few of its inmates from Clarinda; all were supposed to be incurables. In spite of this fact two of them subsequently recovered.

It is not a cheerful prospect which the people of Polk county are asked to look upon:

We are now strong and in health, our friends are happy, prosperous and free from care; the poor house seems far away. But

the future will bring changes to many. Sickness, injury, or the seeds planted by generations past and gone, will affect the mind; a year or two in a state institution will demonstrate the improbability of a cure; our friends have met with reverses; the door of the poor house swings upon its hinges to receive us and we are paupers; nay, we are more than paupers, for they are our keepers! But few are free from liability to such a fate.

If we are so constituted that we do not care for others, but for a few stingy dollars are content to thrive at the expense of this most unfortunate class, let us hope that a selfish interest for those who may be dear to us may arouse to a sense of duty to those around us.

It is a disgrace to the people of Iowa to cry out that the insane are receiving too good care at $14.00 per month!

A would-be philanthropist of Colorado has advocated the "judicial taking off" of the incurable insane and others who are a burden to the state. His plan has the advantage over the county care system in that it is still cheaper, and it may well be doubted if it is less humane.

Directory of Iowa Physicians.

The January number of THE IOWA MEDICAL JOURNAL will be a directory of Iowa Physicians. This directory will be correct and reliable. It will contain the new Iowa medical law, the new law of the Iowa State Board of Health, a list of the medical societies of the state with their officers, a list of the Iowa boards of pension examiners, and other information of interest to the profession of the state.

STATE NEWS.

Dr. W. F. Graham, of Atlantic, recently had his barn destroyed by fire.

The malpractice suit against Dr. Pierce, of Avoca, was decided in favor of the defendant.

We are pained to note that Dr. Corselius, of Newton, has been sent to Mt. Pleasant for treatment in the insane asylum.

Dr. Mote has located in Lansing.

Dr. N. W. Knepper, of Collins, is seriously ill.

Dr. J. W. Morgan, of Wellman, is critically ill.

Dr. F. Hunter, of Bellevue, has removed to Dubuque.

Dr. Page, of Mystic, has gone to Europe for an extended trip.

Dr. C. Birney, of Estherville, has recently located at Mason City.

Dr. I. C. Brown, of Columbus Junction, recently lost his house by fire.

Dr. Stephen A. Todd has recently removed from Wright to Sigourney.

Dr. McAllister, of Spencer, has taken his son to San Jose, Cal., for his health.

Dr. E. H. Ballard, of Estherville, is visiting relatives at Fort Covington, N. Y.

Dr. A. L. Wheeler has returned to his home in Mason City from his southern trip.

Dr. A. O. McMichael, of Fonda, is taking a post graduate course in New York City.

Dr. J. G. Sibert, of Reinbeck, died at his home September 25th at the age of fifty-four years.

Dr. E. S. McCord, of Delmar, is the republican candidate for the legislature from Clinton county.

Dr. C. Bradstreet Emerson, of Richland, has removed to Abingdon, where he succeeds Dr. T. F. Jones.

Dr. G. P. Van Marel, of Odebolt, who has been taking a post graduate course in Chicago, has returned home.

Dr. M. L. Hooper, of Milo, intends going to Chicago soon to take a post graduate course in medicine and surgery.

Dr. E. J. Moffitt, of Jessup, has been appointed health officer of Barclay township in place of Dr. James Muncey, deceased.

Dr. C. O. Sone, of Panora, has recently been appointed a member of the board of pension examiners for Guthrie county.

Dr. Jno. Heffernen, of Cascade, has gone to New York to take a special course in Long Island Hospital and Hoagland Laboratory.

Drs. H. W. Boynton and E. R. Smith, of Toledo, and Dr. Wm. Corns, of Traer, have been appointed members of the Tama county board of pension examiners.

Dr. R. W. Sanders, of Collins, is visiting at present in Virginia.

Dr. Womeldorf, a graduate of Rush Medical College, has located at Hartley.

Dr. B. C. Dunkleberg, of Schaller, is taking a post graduate course in Chicago.

The Austin Flint Medical Society meets at Charles City on November 16, 1897.

Dr. W. P. Burke and Miss Harriet Lyon, of Grundy Center, were recently married.

Dr. Fred A. Bowman, of Leon, is taking a course of lectures in the Keokuk Medical College.

Dr. J. R. Boyd, of Defiance, has been nominated on the fusion ticket for representative from Shelby county.

Dr. L. L. Renshaw, of Monona, has been appointed a member of the pension examining board of Clayton county.

Dr. John A. Rawlins, of Bassett, is attending the Chicago Polyclinic and Hospital. He will remain there about six months.

Dr. Michael McMeel, of Lost Nation, has recently become the proud father of twin girls. THE JOURNAL sends congratulations.

Dr. L. W. McClain, formerly of Larrabee, has located at Washta. Dr. A. H. Eddy takes Dr. McClain's place at Larrabee.

Dr. L. G. Matthews, of Earlville, has returned home from a five weeks' trip through Montana, Wyoming and other western states.

Dr. George Schott, of Sioux City, who recently removed to Milwaukee, has returned to his old home and resumed his former practice.

Dr. A. C. Roberts, of Ft. Madison, was elected president of the Twenty-first Missouri Regiment, which met at Canton, Mo., a short time ago.

Drs. T. P. Stanton, of Chariton, and N. C. Morse, of Eldora, attended the Mississippi Valley Medical Association recently held at Louisville, Ky.

Dr. Harry Dean, eldest son of Dr. H. M. Dean, of Muscatine, has removed from Philadelphia to his former home, and will be associated with his father in practice. He will confine his practice to diseases of the eye, ear, nose and throat.

Dr. W. D. Craig, of Henderson, was married October 6th to Miss Eva Paul, of the same place. They are spending their honeymoon in the south.

Dr. Edward Schifferle, of Creston, was recently married to Miss Anna Reynolds, of that place. Miss Reynolds is the daughter of Dr. J. D. Reynolds.

Dr. Eli Browning, of Tipton, has removed to Iowa City. He sold his practice at Tipton to Dr. John C. Wade, graduate Sioux City College of Medicine, '97.

Dr. H. W. Boynton and E. R. Smith, of Toledo, and Dr. Wm. Corns, of Tama, were lately appointed members of the pension examining board of Tama county.

The Pocahontas Medical Society met at Pocahontas September 28th. An interesting session is reported. The next meeting will be held at Pocahontas January 17th.

Dr. J. V. Nelson died September 24th at his home in Winterset as a result of troubles contracted during the war. He had practiced a number of years in Madison county.

Will the officers of the various county and district societies kindly report to us the names of their societies and of the officers of the same for publication in our directory?

Dr. A. W. Sherman, of Lamoni, has sold his practice to Dr. E. A. Derment, of Chicago. Dr. Sherman will pursue medical studies for some time before locating permanently.

Dr. William Jepson has returned from an extended European trip to his home in Sioux City. He was present at the Twelfth International Medical Congress, held at Moscow in August.

Dr. J. E. Morgan, who has been sojourning in France, Scotland and Ireland for some time, has reached his home in Oskaloosa. He has taken a two months' course in Guy's Hospital in London.

The Clinton County Medical Society met at Clinton the first of the month, where a number of important papers were read and discussed. It was decided to hold a picnic at the July meeting.

For Sale. — $3,500 practice for sale in southwestern Iowa, office furniture and instruments — all good — not to exceed $400 in cash. Am going to locate in east. Will give possession December 1st. Address, care of J. W. Kime, M. D., Des Moines, Iowa.

Dr. J. Lynn Crawford, of Cedar Rapids, class of '97, University of Pennsylvania, who has been spending the summer in the Philadelphia Polyclinic, is assistant in the William Pepper Laboratory of Clinical Medicine, University Hospital.

On October 23d a patient died at Mercy Hospital, Des Moines, from the administration of chloroform. An operation was about to be performed on a man 26 years of age for fracture of the skull.

The Board of Regents of the State University has elected Miss Jennie S. Coettle, of the New England Hospital for Women and Children, of Boston, superintendent of the new hospital at Iowa City. Dr. Rockwood, of Iowa City, has been elected director of the hospital.

The Jasper County Medical Society met at Newton, October 19. Program: President's address, Dr. J. T. Hendershot, Monroe; "General Lymphadenoma of Hodgkin's Disease," Dr. B. Liesman, Kellogg; "Cremation," Dr. A. B. S. Turner, Colfax; "Treatment of Continued Fevers," Dr. H. E. Hunter, Newton; "Mastoid Operation, with six cases from practice," Dr. Theo. Engle, State Center; "A Few Old Remedies Reviewed," Dr. W. Thompson, Monroe; "Fads," Dr. B. M. Failor, Newton.

In reply to our request for physicians in each county to correct our directory list for the January number of THE JOURNAL we have responses from the following: Allamakee, Appanoose, Benton, Blackhawk, Boone, Bremer, Butler, Calhoun, Carroll, Chickasaw, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Franklin, Grundy, Guthrie, Hardin, Henry, Humboldt, Jackson, Jones, Lucas, Lyon, Mahaska, Marshall, Monroe, Muscatine, O'Brien, Pocahontas, Pottawattamie, Ringgold, Tama, Union, Wapello, Warren, Wayne, Woodbury, Wright.

We shall be pleased to have some one from each of the remaining counties assist in correcting lists which we will send to any one who may ask for them.

The annual meeting of the Cedar Valley Medical Society was held at Independence, Tuesday, October 12, 1897. J. H. Green, president, Dubuque; W. B. Small, secretary-treasurer, Waterloo. Local committee of arrangements — members of Buchanan County Medical Society. The following papers were

read: "Demonstrations of Widal's New Diagnosis of Typhoid Fever," by A. M. Barrett, Independence; "Tuberculosis and Its Treatment With Creosote," by J. F. Cole, Oelwein; "Rupture of the Uterus," with report of a case, by D. W. Crouse, Waterloo; "Some Considerations of Alcoholism and Its Treatment," by M. N. Voldeng, Des Moines; "Subconjunctival Injections in Ocular Disease," by H. B. Gratiot, Dubuque. All in attendance took supper at the hospital. Waterloo was selected as the place of next regular meeting, and the following officers elected for the ensuing year: Dr. D. W. Crouse, of Waterloo, president; Dr. M. L. Shine, of Winthrop, vice-president; Dr. W. B. Small, of Waterloo, secretary and treasurer. The following is the list of those in attendance: J. G. Evans, New Hartford; W. B. Small, Waterloo; J. H. Green, Dubuque; C. J. Cooney, Westgate; V. C. Birney; E. T. Jaynes, New Hartford; G. B. Ward, Fairbank; G. W. Crouse, Waterloo; H. W. Brown, Waterloo; F. W. Cutler, Cedar Falls; D. M. Wick, Cedar Falls; M. L. Shine, Winthrop; J. F. Cole, Oelwein; P. E. Gardner, Hazleton, G. W. Hoffman, Lamont; J. W. Heustis, Dubuque; J. H. Murphy, Fairbank; F. A. Weir, Pasadena, Cal.; R. E. Buchanan, G. H. Hill, H. C. Markham, A. M. Barrett, and A. G. Shellito, of Independence.

DALLAS COUNTY ITEMS.

Dr. Sophie Hinze Scott, of Adel, has abandoned practice and has gone to Germany with her child to make her home with her parents.

Dr. A. J. Ross, of Perry, who has been for a year in the mountains of Colorado and adjoining states, for his health, is expected home soon.

Drs. E. A. & Emma M. Bare have recently located in De Soto, having both come from the College of Physicians & Surgeons, of Keokuk, as recent graduates.

Dr. Allen Moorman, a graduate of the State University class of 1896, has located at Redfield. He purchased the office und good will of Dr. J. A. Noel, just before the latter's death.

The annual meeting of the Dallas County Medical Society was held in the parlors of the Arlington Hotel in Adel at 11 A. M., on Thursday, October 21, 1897, at which the following papers were

read: "Neuritis," by Dr. B. H. Criley, of Dallas Center; "Gall Stones," by Dr. Geo. McMahon, of Waukee; "Therpeutics of Childhood," by Dr. N. W. Thornburg, of Redfield; "Syphilis, Diagnosis and Treatment," by Dr. F. L. Rogers, of Adel. This is one of the oldest local societies in the state, has a membership active and associate of some twenty-five physicians, and its meetings (quarterly) are well attended and full of interest.

Dr. R. D. Doidge, of Perry, recently returned home from Chicago for a visit. The Doctor graduated from Rush Medical College last spring and has since been doing hospital work there. He is soon to locate at Boone.

IOWA STATE ASSOCIATION OF RAILWAY SURGEONS.

The Iowa State Association of Railway Surgeons met at Des Moines on October 13 and 14, 1897.

The program was carried out as printed in our September number. The meeting was a success in every sense. The attendance was large and the papers and discussions were interesting. The association seems destined to be one of the permanent societies of the state.

The social features were the best which Des Moines has accorded any medical gathering.

On Tuesday evening the members of the association were received by Polk County Medical Society. After an interesting paper by Dr. Fairchild, of Clinton, had been read and discussed, the meeting adjourned to the dining room of Our Circle Hall and the evening was spent in refreshing the inner man and in sallies of wit and wisdom, principally the former.

On Wednesday evening the Benevolent Order of Elks, under the espionage of Mr. H. D. Cozens and his brethren, tendered a reception to the association. To any one who has been entertained by these jolly fellows it is needless to say that no description on paper can do the subject justice. Suffice it to say that even the august Senator, Dr. Caldwell of Adel, sighed because 2 o'clock A. M. came round so early in the evening.

At the last meeting of the session the following officers were elected: President, Dr. R. A. Patchin, of Des Moines; vice-

president, Dr. D. C. Brockman, of Ottumwa; secretary, Dr. V. B. Knott, of Sioux City; treasurer, Dr. H. L. Getz, of Marshalltown. The next meeting will be held at Clinton in October, 1898.

Many of the best papers read before the association will be printed in the succeeding numbers of THE JOURNAL.

The following members were present: Chas. Philpott, Ottumwa; V. B. Knott, Sioux City; J. C. Hostetter, Colo; Benj. Thompson, Tama; M. L. Allen, Tama; A. M. Vail, Rock Rapids; D. S. Fairchild, Clinton; B. S. Louthan, Sutherland; A. L. Amesberry, Lester; E. C. McMeel, Delmar; A. B. Bowen, Maquoketa; B. H. Criley, Dallas Center; R. M. Templeton, Ames; C. M. Drumeler, Panora; T. J. Caldwell, Adel; A. A. Deering, Boone; A. O. Williams, Ottumwa; H. L. Getz, Marshalltown; G. C. Stockman, Mason City; Z. T. Holtzclaw, Larchwood; C. B. Powell, Albia; F. C. Jones, Herndon; P. H. Salter, Norfolk, Neb.; Oscar Fordyce, Guthrie Center; T. M. Throckmorton, Chariton, D. W. Edgar, Fonda; C. H. Flynn; Postville; C. J. Van Meter, Tipton.

CORRESPONDENCE.

ALGONA, Iowa, Oct. 15, 1897.

EDITOR IOWA MEDICAL JOURNAL, Des Moines, Iowa.

One Dr. B. A. Camfield, representing himself to be a specialist in diseases of the eye, ear, nose and throat, came to Algona on Monday, October 11th, in answer to his conspicuous ads displayed in the Algona *Republican* and *Upper Des Moines* of October 6, 1897. Before the doctor's arrival it was learned through the secretary of the State Board of Medical Examiners that no person by the name of B. A. Camfield held a certificate to practice medicine in Iowa, neither had an itinerant's license been issued to any person so named. Upon the advice of our county attorney, Dr. Camfield was arrested, charged with practicing medicine and surgery without a license as an itinerant physician. The case was heard before a justice of the peace, who held the Doctor to appear before the grand jury, fixing his bond at $300, which the prisoner failed to furnish. The following day counsel for defendant brought the case before Judge Quarton, of the district

court, on a writ of *habeas corpus*. Upon the evidence taken before the justice of the peace, together with additional testimony taken before the court upon the hearing of the writ, the evidence showed that the defendant had advertised in the Algona papers of the week previous as an eye, ear, nose and throat specialist; that he came to Algona on the day advertised and took quarters at the Tennant House; that some parties had called at the above named hotel to see Dr. Camfield, but the evidence utterly failed to show that defendant had given any medical advice, dispensed any medicine or performed any surgical operation. The court in construing section 2581 of the new Code of 1897 as applied to the foregoing facts held, that because the evidence fails to show that defendant had practiced as therein defined he should be discharged upon the writ. Thus a traveling quack is acquitted on a technicality, although abundant evidence could have been obtained that this man had no certificate to practice in Iowa and that he did practice as an itinerant physician. The prosecution was lame from start to finish.

Dr. Camfield advertised to visit Algona every four weeks after October 11th. If he comes again it will probably be by the grace of the State Board of Medical Examiners. Respectfully,

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[It appears to us that the court could not have held differently than it did, as there was no evidence of the Doctor's having treated any patients. He will, no doubt, keep outside the borders of Iowa in the future.]

PLAINFIELD, Iowa, October 13, 1897.

DR. J. W. KIME, Des Moines, Iowa.

Dear Doctor,—On the 13th inst. another physician and I swore out a warrant for the arrest of one "Dr." La Vere, of the Camelia Oil Medical Co., charging her with illegal practice of medicine. Upon preliminary examination she was held under bonds to appear before the November term of the grand jury of Bremer county. "We have cleaned our own house." Now, why did this not happen to this lady doctor (?) before? She has been in Iowa three years. Is it not time every physician was doing all in his

power to rid Iowa of such characters? Her conviction under direction of the county attorney is now an easy matter and should be a warning to all such shows. L. C. KERN, M. D.

BOOK REVIEWS.

ESSENTIALS OF BACTERIOLOGY, by M. V. Ball, M. D., Bacteriologist to St. Agnes Hospital, Philadelphia, $1.00. Publisher, W. B. Saunders, 925 Walnut Street, Philadelphia. This is a compendium on practical bacteriology chiefly for the medical student's use in the laboratory. This little work is now in its third edition. The article on diphtheria has been revised and the latest knowledge concerning the antitoxin treatment added, also a new article on the bacteriological examination of the organs and cavities of the human body is found in the appendix.

PATHOLOGICAL TECHNIQUE, by Frank B. Mallory, M. D., Assistant Professor of Pathology, Harvard University Medical School; Assistant Pathologist to the Boston City Hospital; Pathologist to the Children's Hospital and to the Carney Hospital; and James H. Wright, M. D., Director of the Laboratory of the Massachusetts General Hospital; Instructor in Pathology, Harvard University Medical School. Publisher, W. B. Saunders, 925 Walnut Street, Philadelphia. Price, $2.50. The authors have designed this book for use in pathological laboratories, both as a guide to beginners and as a source of reference for the advanced. Every practitioner has more or less opportunity to do pathological work. Every autopsy presents opportunities for far more extended study than simply the inspection of gross lesions. A bacteriological and histological examination of important organs and pathological lesions are especially to be recommended. This book cannot fail to be of practical use in making these investigations.

PRACTICE OF MEDICINE, by James M. Anders, M. D., Ph. D., LL. D., Professor of Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia; Attending Physician to the Medico-Chirurgical and Samaritan Hospitals, Philadelphia, etc. W. B. Saunders, publisher, 925 Walnut Street, Philadelphia. Cloth, $5.50 net; sheep or half-morocco, $6.50 net. The historic development of the subjects treated is briefly mentioned or purposely omitted. The special pathology of the individual affections is treated of first. Then follows the special etiology, with prominent mention of the bacteriology. The differential diagnosis is in many instances tabulated, a feature which is designed to be especially helpful. The fact that the practicing physician is frequently placed in the position where he is compelled to make a therapeutic judgment for himself is taken into account in the consideration of treatment. This work appears to be complete and fully up to date, and will form an important addition to the literature on practical medicine. S. A. K.

AMONG THE PHARMACEUTICAL HOUSES OF ST. LOUIS.

Recently we had the pleasure of calling upon the leading pharmeceutical houses of St. Louis. We found them generally doing a prosperous and satisfactory business. The phenique people are pushing especially their antiseptic preparation, campho-phenique. This preparation contains over 50 per cent carbolic acid, yet is so prepared that it is non-irritant even in its full strength. Recently we used this preparation with very satisfactory results in a severe case of granular vaginitis.

The Alta Pharmacal Company is advertising to the profession melachol, rheumagon, and phaselin. They report a good trade in these lines.

The Antikamnia Company is doing a very large business. Their remedy is being shipped to all parts of the world. The success of the preparation is best evidenced by the fortunes that are being made in its manufacture.

The Lambert Pharmacal Company is another house, at the magnitude of whose business we were surprised. Listerine has become a standard remedy, and its sales are enormous. Mr. Lambert is a most agreeable gentleman, and in saying this we detract nothing from the heads of the other houses, all of whom displayed that geniality for which gentlemen of the south are so deservedly noted.

The Mellier Drug Company is meeting very good success with its tongaline preparations. These remedies have become so well known among the profession that it is needless to dwell upon them. In rheumatic affections they are always worthy of trial.

The Dios Chemical Company is advertising especially and with very satisfactory results, dioviburnia, palpebrine, neurosine, and sennine. Their business is steadily increasing, and returning prosperity is shown in the orders received for their remedies.

Battle & Company, advertising bromidia, papine, and iodia, find that the last few months have shown decided results in the increase of new business. They have very pleasant quarters, and there is an air of prosperity all about the house.

The Katharmon Chemical Company is putting out a preparation of cod liver oil, which is highly palatable, and which they claim is meeting every indication for the use of this remedy.

Little effort has so far been made to introduce the preparation into this section of the country.

The Peacock Chemical and the Sultan Drug Companies, advertising Peacock's bromides, seng, cactina pellets, and chiona, report business improving and satisfactory.

The Rio Chemical Company advertise celerina, aletris cordial, and pinus canadensis. These remedies are well known to the profession of the state. They report trade good.

Considerable interest is now being manifested in the use of the anti-tubercle serum of the Paul Paquin Laboratories. The representatives of this house assure us that their serum is meeting with undoubted results in the treatment of tuberculosis. We trust that they are not over sanguine in the treatment of this greatest of plagues that infest the earth.

The Mayfield Sanitarium, conducted by Dr. W. H. Mayfield, we found to be a very fine institution, well equipped in every particular, and fully occupied by patients. The building is an elegant white brick structure, and is kept in perfect condition.

A. S. Aloe & Company have one of the leading houses in St. Louis. They carry a full line of surgical instruments and appliances.

The Zumo-Pharmacal Company is a part of the Meyer Brothers Drug Company. This is said to be the largest drug house in America. They advertise to the profession zumo-anana and trikresol-iodin. They are among the most pleasant and obliging men we met in St. Louis.

The Tilden Company, of New Lebanon, N. Y., have a very fine branch house in St. Louis. They handle all the standard remedies of this well-known house.

The Walker Pharmacal Company handle phytoline, pineoline, and sanitol. They find a ready market for their goods.

The Paris Medicine Company prepare febriline, a tasteless syrup of amorphous quinine. By this tasteless preparation, quinia is made acceptable to young children. So many imitations of this syrup have been placed upon the market, that the Paris Company contemplate surrendering the field to their imitators, who put out a cheaper and nauseating preparation. It is to be hoped that protection will be rendered those who are putting out really meritorious remedies through the profession alone.

LISTERINE. THE STANDARD ANTISEPTIC.

LISTERINE is to make and maintain surgical cleanliness in the antiseptic and prophylactic treatment and care of all parts of the human body.

LISTERINE is of accurately determined and uniform antiseptic power, and of positive originality.

LISTERINE is kept in stock by all worthy pharmacists everywhere.

LISTERINE is taken as the standard of antiseptic preparations: The imitators all say, "It is something like LISTERINE."

LAMBERT'S LITHIATED HYDRANGEA.

A valuable Renal Alterative and Anti-Lithic agent of marked service in the treatment of Cystitis, Gout, Rheumatism, and diseases of the Uric Diathesis generally.

DESCRIPTIVE LITERATURE UPON APPLICATION.

LAMBERT PHARMACAL COMPANY, ST. LOUIS.

Dr. F. G. Murphy, oculist and aurist at Mason City, Iowa, has been appointed by the pension bureau as special examiner for northern Iowa and southern Minnesota.

Dr. P. R. Dakin located at Mason City, Iowa, about one year ago, but has been obliged to return to his former home at Princeton, Ill., on account of his health.

Dr. C. C. Burney has moved from Estherville, Iowa, to Mason City, Iowa. Will occupy the office left vacant by Dr. Dakin.

Dr. A. T. Huxley, of Mason City, Iowa, has hired Dr. Johnson, osteopath, to treat cases for him. Quite a combine.

[We do not think this combine will hold under new law. Johnson practices medicine when he treats cases.—ED.]

Two new houses place their advertisements in THE JOURNAL this month — the Phenique Chemical Company, of St. Louis, and the Maltbie Chemical Company, of Buffalo, N. Y. Both houses are reliable and their claims are worthy of consideration.

Campho-Phenique has already become well known as an antiseptic dressing for wounds and burns. It contains over 50 per cent pure carbolic acid and is so prepared as to be non-irritant when used in full strength.

The Maltbie Chemical Company are advertising Viskolein, an antiseptic for all kinds of fevers, especially of zymotic origin. It is said to abort every case of typhoid fever, the germs being destroyed and temperature reduced. Viskolein is the active principle of Kola with the Carbolized Sulpho Borate of Zinc.

Either of these houses will send literature and samples on application.

A NEW ANTISEPTIC TREATMENT FOR FEVERS

VISKOLEIN

FORMULA OF GEO. H. RICE, M. D.

An antiseptic treatment for all kinds of fevers, but especially of a zymotic origin, viz: Typhoid, pneumonia, bronchitis, piemia, septicemia, diphtheria, and all forms of malarial fevers. VISKOLEIN

WILL ABORT TYPHOID FEVER

reducing the temperature rapidly and permanently, and destroying the germs of the disease, then convalescence will follow.

A Sample with Literature Free to physicians who will send stamps for postage.

Address the manufacturers:

THE MALTBIE CHEMICAL CO., BUFFALO, N. Y.

WILL VISIT IN CONSULTATION WHEN CALLED BY PHYSICIANS, CASES OF MENTAL AND NERVOUS DISEASES.

FREDERIC S. THOMAS, M.D.,

Neurologist

Council Bluffs, Iowa.

Also, Hospital Facilities Furnished.

Sanmetto in Post-Gonorrhœal Gleet.

Dr. Percy Newell, L. R. C. P. I., L. M., L. R. C. S. I., member British Medical Association, Crowborough, Sussex, England, writing, says: "I had a very obstinate case of gleet (post-gonorrhœal) under my care, which did not show any sign of going, and was beginning to worry my patient. I had tried every remedy suggested in different works on surgery and therapeutics, but the wretched thing persisted. I put the patient on Sanmetto, a dose three times daily; in a week the thing was practically cured. I shall always stock Sanmetto in my surgery."

An Antidote to the Two Great Symptoms.

The value of Antikamnia consists in its rapid effect in alleviating the suffering of the patient while more radical treatment is working a cure. While endeavoring to rid our patient of his neuralgia, rheumatism, typhoid, intermittent or malarial fever, we secure him relief from pain and intermission of fever. We have, in short, in this drug, not a remedy for any disease, but a most useful antidote to the two great symptoms — pain and pyrexia.— *Medical Reprints, London, Eng.*

WHAT IS NEUROSINE?

NEUROSINE is a Hypnotic of tried and approved value. It possesses positive advantage over other Hypnotics and crude solutions of the Bromide Salts in rapid and easy absorption, prompt effect, reliable action and general therapeutic value; also absolutely free from injurious after effects such as result from the administration of Opium, Morphine or Chloral.

NEUROSINE facilitates the elimination of toxines by non-interference of drainage through the various emunctories, at the same time securing a quiet restful sleep or calming Hypnotic effect without any depression of the vital forces. Dioviburnia in combination with Neurosine is especially indicated in female neuroses.

NEUROSINE controls pain, relieves cerebral congestion and modifies or alleviates prostration. In depressed or excitable conditions of the nervous system and morbidly sensitive individuals, **NEUROSINE** is indicated. Also in restlessness, insomnia and all neurotic conditions.

Its range:—Infantile convulsions to the wildest delirium.

Dose—Children, 15 to 60 gtts.; Adults ʒi to ʒiv.

Prescribe original package (ʒviii) to avoid substitution.

Complete literature containing formula with cerebral localization lithograph mailed on application.

DIOS CHEMICAL COMPANY,

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Anatomically Correct.

SHAPE, SIZE AND MATERIAL

Are the important features. In all of these respects, our Uterine Stem Pessaries are now unquestionably far superior to all others. Considered by the profession as PERFECTLY adapted for purposes designed. We have made recent improvements so that they are now of proper length and can be readily passed beyond the internal os, thus ensuring their remaining *in situ*. As they are anatomically correct in shape, and made of very thin *alumina simplex* (featherweight), all possibility of irritation is entirely precluded. Invaluable in leucorrhœa, dysmenorrhœa, catarrhal affections, etc.

In connection with our Spiral Electrical Rod, these stems may be attached to any battery; thus a remedial measure of distinct value to the gynæcologist and patient becomes really available.

Price, regular size, 50c; special sizes, to order, 75c and $1.00. Complete set of three Stems and Spiral Rod, $3.00.

HUSTON BROTHERS,

Makers of Surgical and Dental Instruments,
125 South Clark Street, CHICAGO, ILL.

Backache.

It is with pleasure that I give you my experience with Sanmetto. Mr. B., age 49 years, was a sufferer for years from backache, caused from inflamed and overworked kidneys. The pain was so great at times that an opiate had to be given to relieve it. I put Mr. B. on Sanmetto, teaspoonful three times a day. He has never complained of his back since. This has been three months ago.

Gold Hill, Ala. J. HARVEY BLEDSOE, M. D.

A Vitalizing Tonic to the Reproductive System.

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—FOR—

GENITO-URINARY DISEASES.

☞A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men--Pre-Senility,
Difficult Micturition--Urethral Inflammation,
Ovarian Pains--Irritable Bladder.

POSITIVE MERIT AS A REBUILDER.

DOSE:—One teaspoonful four times a day.

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The regular session opens September 15, 1896, and will continue six months. The faculty is composed of experienced medical teachers.

Clinics are given regularly at St. Joseph's Hospital.

Complete equipment for laboratory instruction in Chemistry, Histology, Pathology and Bacteriology.

Fees for the regular session: Matriculation, $5.00; Lecture fees, including Hospital ticket, $28.00; Laboratory, $5.00; Graduation, $30.00; Material at cost.

For circular or information, address

J. A. SCROGGS, M. D., Secretary, or
T. J. MAXWELL, M. D., Cor. Sec'y,
KEOKUK IOWA

Pneumonia Following La Grippe.

BY M. E. CHARTIER,

Docteur en Medecine de la Faculte de Medecine de Paris, Membre Correspondant etranger de la Grande Encyclopedie, Section de Philologie.

As a rule certain diseases prove more fatal, not only in given districts, but during certain periods of time, along particular areas of territory. We have La Grippe, decreasing in intensity for the present; it has been replaced by pneumonia, which is not only raging in the United States, but in European countries. The bacteriologists will have to explain this fact; the truth remains however, that the mortality from pneumonia in its various forms is now far in excess of any previous record.

Twenty years ago, and preceding the re-appearance of La Grippe in its epidemic form, pneumonia proved as dangerous as it does at the present time. Many cases fell under my personal observation, and I must admit that my Parisian confreres were at a loss, not for a remedy for the disease alone, but even for a logical line of treatment. Dujardin-Beaumetz became so skeptical that he prescribed stimulants, regardless of therapeutical conditions. The mortality in his ward at the Hotel Dieu proved that his patients fared no worse than the others submitted to the antiphlogistic remedies then en vogue.

At that time, I advocated in my treatise on therapy, the administration of sulphate of codeine in two to five centigrammes doses—one-fourth to one-half grain. Codeine is the only remedy known to me possessing a marked and distinct effect upon the hypersecretions of the bronchial mucous membrane. What I then wished was an analgesic possessing antipyretic properties, which I could safely use. This I have since found in antikamnia and I believe it can be exhibited safely, especially on account of its not having a depressing effect on the cardiac system.

Experimental doses of from one-half to one gramme—seven to fifteen grains—of antikamnia administered under ordinary conditions did not develop any untoward after-effect. The following trace, taken with the sphygmograph was made ten minutes after the administration of one gramme—fifteen grains—of antikamnia.

Pulse, 112. Temp., 101 1-5 Fahr.

The above trace shows plainly that unlike other coal-tar products, antikamnia has a stimulating effect upon the circulation. In this particular case the temperature was sensibly reduced—102° to 101 1-5°. The analgesic effect of the drug was satisfactory.

My conclusion is that in the treatment of pneumonia, antikamnia is indicated as a necessary adjunct to codeine, on account of its analgesic and antipyretic properties and particularly because it acts as a tonic upon the nerve centres. The tablets of antikamnia and codeine containing four and three-quarter grains antikamnia and one-fourth grain sulphate of codeine, to my mind, present these two remedies in the most desirable form. I also find one tablet every hour, allowed to dissolve slowly in the mouth, almost a specific for the irritating cough so often met with in these complications. For general internal medication, it is always best to crush the tablets before administration.

A RELIABLE FOOD.

MESSRS. JOHN CARLE & SONS, New York City.

Gentlemen,—I have received the "Nursing World Clinical Records" and samples of your Imperial Granum, although it was unnecessary to send the latter to acquaint me with its value, as we have *a living example in our only son* of the worth of Imperial Granum, and I have *prescribed it constantly for eleven years*, and always with the very best results. Yours very truly,

Sept. 2nd, 1897. ——— ——— M. D.

Clinical Records and samples of this celebrated food free, charges prepaid, on application to John Carle & Sons, 153 Water Street, New York City.

A New Story by Lydston.

Every doctor who has ever heard Dr. G. Frank Lydston, of Chicago, tell one of his stories in his inimitable way, or has read "Over the Hookah," will be delighted to learn that a new story by Lydston will soon appear in the *Tri-State Medical Journal*, of St. Louis. It is entitled, "The Doctor's Croesus—the Tale of a Generous Patient." It will be of great interest and is to be fully illustrated. Physicians who are not already subscribers to the *Tri-State Medical Journal* can obtain Dr. Lydston's latest effort by sending 25 cents to the Business Manager, 3409 Franklin Avenue, St. Louis.

Ferratin in Tuberculosis.

Dr. W. T. Parker, in a paper on "Normal Horse Blood Serum in the Treatment of Tuberculosis," read before the section of state medicine at the June, 1897, meeting of the American Medical Association, speaking of the treatment of tuberculosis, says:

"In those cases where tuberculosis has been successfully treated by therapeutic methods iron has been the most valuable remedy. As every one knows the preparations of iron are very numerous, some of them positively harmful, others inert and useless, while a few are capable of being readily assimilated. Of this kind Ferratin is one of the new remedies recommended by the committee of revision for adoption into the new fifth edition of the Russian Pharmacopeia (*Chemiker Zeitung*, 31, 1897). This is an organic iron compound of albumen and tartrate of iron, forming a definite iron albuminic acid; it contains 7 per cent of iron, is readily absorbable, does not constipate, and has no untoward effects. On the testimony of its discoverer and others it is identical with the natural ferruginous element of food, absorbed in the system and stored in the liver and other organs as a reserve iron for blood formation (*Journal American Medical Association*). Lately this preparation has attracted considerable attention, not only in Europe, but in this country; so much so that its future success would seem assured."

Every physician who uses electricity should send for a copy of *The Electro-Therapeutist*, a monthly journal devoted to electro-therapeutics for the general practitioner. Write the editor, Wm. F. Howe, M. D., Indianapolis, Ind., mentioning this journal, and he will send you sample copies gratis.

Extract from a letter from E. R. Lewis, M. D., secretary of the International Association of Railway Surgeons, Kansas City, Mo.: "I have used, and am using to-day, Campho-Phenique and Campho-Phenique Powder, and am happy to say they are doing me good service. I am convinced that Campho-Phenique is better to prevent the suppuration of wounds than any antiseptic I have heretofore used, unless it be a very strong solution of bi-chloride of mercury, whose toxic properties are too great to be used in too concentrated form. I have four cases of wounds I am to-day treating, and in each case I am using Campho-Phenique Gauze and Campho-Phenique Powder. I used the powder and gauze to-day on a doctor's son who was brought to me from Dover, in Lafayette county, for treatment. In fact, I prefer the use of Campho-Phenique preparations on all occasions."

Neurosine contains no morphine, chloral or opium, although it is the most powerful neurotic attainable. The standard remedy for the treatment of all forms of nervous disturbances, anodyne and hypnotic. The most efficient and trustworthy agent for the relief of hysteria, epilepsy, neurasthenia, mania, chorea, uterine congestion, neuralgia, migraine, delirium tremens, asthma, spermatorrhœa, and all convulsive and reflex neuroses. The remedy par excellence in delirium and restlessness of fevers.

BELLEVUE HOSPITAL MEDICAL COLLEGE

CITY OF NEW YORK.

SESSIONS OF 1897-98.

The REGULAR SESSION begins on Monday, September 27, 1897, and continues for thirty-two weeks. Attendance on four regular courses of lectures is required for graduation. Students who have attended one full regular course of lectures at another accredited Medical College are admitted as second-year students without examination. Students are admitted to advanced standing for the second, third or fourth years, either on approved credentials from other accredited Medical Colleges or after examination on the subjects embraced in the curriculum of this College.

Graduates of other accredited Medical Colleges are admitted as fourth-year students, but must pass examinations in normal and pathological histology and pathological anatomy.

The annual circular for 1897-8, giving full details of the curriculum for the four years, requirements for graduation and other information, will be published in July, 1897. Address AUSTIN FLINT, Secretary, Bellevue Hospital Medical College, foot of East 26th Street, New York City.

SPECIAL OFFER: confined to sections where no dealer has our goods in stock, 25 per cent. off, NET HERE, of 15 per cent., PRE-PAID TO ANY EXPRESS OFFICE, to one doctor only in each town or locality, WHO first remits for his choice sample, thus securing agency for all future sales made by him, who agrees to show MARSHALL'S CASE-BAGS to brother practitioners with whom he comes in friendly contact, soliciting and transmitting secured orders direct to us. (See cuts, etc., below.)

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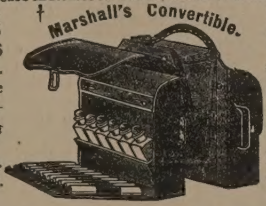

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Patented. Size, 6x8x8 inches. Express prepaid on these respective prices.

Space for powder papers between bottle rows. Two sundry spaces, one under each cover-lid 7½x3½x2½ in Nos. 36 and 57, ½ in. shorter in 32 and 33. Can be changed instantly from Bags to perfect Buggy-Case, thus, by concealing saddle-piece when lowered with clasps shut. Durable, fine finish inside and out. First-class in every particular. Saves man, time, money. Your need. Order now direct of Sole Mfgr. of all Convertible Case-Bags, **W. Scott Marshall,** STATION N, CHICAGO.

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Lactophenin

Recent Clinical Reports:

Dr. Beverly Drake Harison,
"Treatment of Typhoid Fever,"
in *The Physician and Surgeon*,
Nov., '96.

Dr. J. Homer Coulter,
"Quinsy, Diagnosis and Treatment,"
in *The Journal Am. Med. Ass'n*,
Nov. 7, '96.

Dr. Chas. S. Potts,
"Clinical Notes on the Analgesic Effect of Lactophenin,"
in *The Therapeutic Gazette*,
Jan., '97.

Dr. S. V. Clevenger,
"Pain and Its Therapeusis,"
in *The Journal Am. Med. Ass'n*,
Jan. 30, '97.

Dr. Geo. H. Thompson,
"Observations on Lactophenin,"
in *The Tri-State Medical Journal*,
May, '97.

Dr. A. H. Roler,
"Clinical Notes on Lactophenin,"
in *Chicago Medical Recorder*,
July, '97.

AND MANY OTHERS.

Lactophenin.

Dose for Adults: 4 to 8 grains, increased when necessary, in powders, tablets, pills, wafers or capsules.

Supplied in Powder form, in one ounce boxes; and in Tablets, of 4 and 8 grains each, in one ounce boxes.

(From *The Universal Medical Journal*—monthly supplement to *Sajous' Annual*—August, 1897, p. 244.)

The Superiority of Lactophenin.

GEORGE THOMPSON (Prof. of Materia Medica in the St. Louis College of Physicians and Surgeons) extols the merits of Lactophenin (in *Tri-State Medical Journal*, May, 1897), which, as is well-known, is a coal-tar product, a definite chemical body, differing from phenacetin in that lactic acid replaces acetic acid. The substitution of lactic acid seems to overcome almost entirely the possibility of cardiac depression or the conversion of hæmoglobin into methæmoglobin, an attribute only too frequently met with in antipyrin, acetanilid and phenacetin. At the same time, Lactophenin possesses every desirable property of phenacetin, with the additional one that, lacking the usual untoward properties of this body, it may be given, if necessary, in largely increased doses with impunity, and will reduce a hyperpyrexia of nervous origin which resists all other antipyretics. As an analgesic it is equal, according to the author, to the best pain-reliever in the materia medica, and it may be given with confidence in neuralgia from any cause other than traumatic. Neuralgia is a condition subject to recurrence and should never be relieved by any agent liable to cause a drug-habit by repetition. Besides, as an anodyne, morphine is greatly overestimated by the profession, even in the treatment of traumatic and colicky pains. He does not mean to advocate any coal-tar product as an anodyne in this class of pain, because herein is the peculiar realm of morphine; but for any form of neuralgia—whether malarial, rheumatic, or dyspeptic, or whatever the cause may be other than traumatism or active inflammation—Lactophenin, he states, will be found safe and satisfactory. The author relates several cases in support of his opinion that Lactophenin is greatly superior to phenacetin and other members of the coal-tar group of antipyretics and analgesics.

Clinical Reports Furnished by C. F. Boehringer & Soehne, 7 Cedar Street, New York.

PAPAIN
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Purified Dried Juice of Unripe Fruit of Carica Papaya.

Specify "Papain B. & S." to insure the use of a standard, purified and reliable product.

TRADE MARK B&S SCHUTZ-MARKE

Vegetable Digestive Ferment.

Combines the best properties of both PEPSIN and PANCREATIN and is therefore superior to either.

All Text-books on Materia Medica give full description of **Papain** and its properties.

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Is not a simple gastric derangement the precursor of most cases of Summer Diarrhoea in children? Are not the majority of these cases Dyspeptic in origin? Why not administer

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Can any course be more rational?

Has any other line of treatment proved more effectual?

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IS THOROUGHLY PALATABLE AND TOLERABLE.

WHEN A COMBINATION OF A SEPTIC FOOD AND ANTISEPTIC REMEDY IS NEEDED

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WILL BE FOUND OF PARAMOUNT VALUE.

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PREPARED IN FOUR FORMS

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La Grippe
Nervous Headache
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